

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

1LS-000-001-249

810526 IL #35

Enter the name and address of the person or organization required to notify.

Name Precision Components Inc. L. Battistoni
Street 1110 NATIONAL AVE.
City ADDISON State IL Zip Code 60101

Enter the common name (if known) and actual location of the site.

PRECISION COMPONENTS INC. (L. BATTISTINI)
Name of Site ~~SAME AS ABOVE~~
Street 1110 NATIONAL AVE.
City Addison County IL Zip Code 60101

IL1047021258

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) L. Battistoni, L.
Phone 312-543-8780

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) To (Year) ~~1982-1983~~

Option I: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

Place an X in the appropriate boxes.

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

[illegible]

000002 MAY 26 81

RECEIVED

RECEIVED

MAY 22 1964

APR 27 1981

WASTE MANAGEMENT BRANCH
EPA, REGION V

E.P.A. — D.L.P.C.
STATE OF ILLINOIS

EPA Region 5 Records Ctr.



335500

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☐ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☒ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet _____

gallons 55 G**Total Facility Area**square feet 30,000 S

acres _____

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name _____

Street _____

City _____

State _____

Zip Code _____

Signature _____

Date _____

- ☐ Owner, Present
☐ Owner, Past
☐ Transporter
☐ Operator, Present
☐ Operator, Past
☒ Other

ENVIRONMENTAL PROTECTION AGENCY
STATE OF ILLINOIS
ROUTE SLIP

DATE 5/20/81
TO: Bob Stone
Office of Superfund 5-22-81

- | | |
|---|---------|
| <input type="checkbox"/> Approval | Remarks |
| <input type="checkbox"/> As requested | |
| <input type="checkbox"/> Comment | |
| <input type="checkbox"/> Confer | |
| <input checked="" type="checkbox"/> For information | |
| <input type="checkbox"/> For recommendation | |
| <input type="checkbox"/> Investigate | |
| <input type="checkbox"/> Necessary action | |
| <input type="checkbox"/> Note and destroy | |
| <input type="checkbox"/> Note and file | |
| <input type="checkbox"/> Note and return | |
| <input type="checkbox"/> Per conversation | |
| <input type="checkbox"/> Prepare reply | |
| <input type="checkbox"/> Signature | |

FROM: Bill Child

EPA-1 (Rev 7-75-20m)

on V
60604



Illinois Environmental Protection Agency

2200 Churchill Road, Springfield, Illinois 62706

Bob Stone
U.S.E.P.A. - Region V
230 South Dearborn
Chicago, Illinois 60604